



TOWN OF FOXBOROUGH

Inspections Department

40 South Street

Foxborough, MA 02035

Telephone: (508) 543-1206 / Facsimile: (508) 543-6278

APPLICATION FOR REPLACEMENT OF RESIDENTIAL ROOF SHINGLES, SIDING & WINDOWS

Permit Fee: \$40.00 Each Project

Directions: Fill out the application completely. If work to be performed involves structural repairs or is other than 1 & 2 Family, DO NOT USE THIS FORM. Use a full Building Permit Application.

PROPERTY OWNER: _____

ADDRESS: _____ TEL. #: _____

LOCATION OF WORK: _____

CONTRACTOR: _____ H.I.C. Reg: _____

C.S.L: _____

ADDRESS: _____ TEL. #: _____

DESCRIBE WORK TO BE DONE: _____

Value of Work: \$ _____
(If replacing windows, attach window specs showing U values)

OWNER'S SIGNATURE: _____

Date

AUTHORIZED AGENT'S SIGNATURE: _____

Date

780 CMR 8th Ed., Section 11.5 – Debris: As a condition of issuing a building permit, MGL c. 40, s. 54 requires that the debris resulting therefrom shall be disposed of on a properly licensed solid waste disposal facility defined by MGL c. 111, s. 150A. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

Name of Waste Facility: _____

Address of Facility: _____

Signature of Permit Applicant: _____

Date

Office Use Only

Inspections Dept. Approval: _____

Building Commissioner

Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only

Permit No. _____

Date _____

TOWN OF FOXBOROUGH

AFFIDAVIT

**Home Improvement Contractor Law
Supplement to Permit Application**

MGLc.142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions along with other requirements

Type of Work: _____ Estimated Cost: _____

Address of Work: _____

Owner Name: _____

Date of Permit Application: _____

Registration is not required for the following reason(s)

_____ Work excluded by law.

_____ Job under \$1,000

_____ Building not owner-occupied

_____ Owner pulling own permit

_____ Other (specify _____)

Notice is hereby given that:

OWNER PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED
CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT
HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND
UNDER MGLc.142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date

Contractor Name

Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date

Owner Name